

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Coporations Division 100 North Many Street Providence, RI 02903-1335

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 54790 ATWELLS PARTS & SERVICE INC. Street Address Principal Business Offi NO PM. RHODE ISLAND 4119 APPLIANCE SALES AND SERVICE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Dice President 8969 Address Sircer Address Street Address Male State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State ZipStreet Address Street Address Mate Zip: City Stone Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] AUTHORIZUD SHARUS ISSUEO SHARES Vaniber of Shares Cass Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE *10*0 NO This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
Steven & Ben Line 3/25/0
Steven A-Rendine
Print or Type Name Officer RES deut
Fitte of Officer Form 630 Rev. 12/03



By:

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 54790 ATWELLS PARTS & SERVICE INC. 3 Street Address Principal Business Office City NO. PM State of Incorporation RHODE ISLAND 7. Brief Description of the Champter of Business Co APPLIANCE SALES AND SERVICE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City State Zip City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zιρ City State Director Name Director Name Street Address Street Address City State Zip Clly State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE 10() NI) This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct (Z-0 4 File Date Signature of Officer

Print or Type Name of Officer.

Title of Officer

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2003
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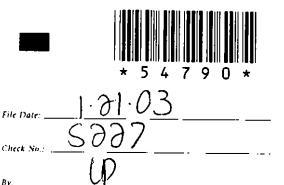
1 Corporate ID No	. 2 Name of Corporation					
54790	ATWELLS PAR	TS & SERVICE INC.				
3. Street Address Pr	incipal Business Office 21 WATERMAN		City NO	RTH PROV.	R.I.	20 0 2911
4 Business Phone !		5. State of Incorporation RHODE ISLAND		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -	6 SIC Code
7 Brief Description	of the Character of Business Conducted in Rh	nde Island				4119
	Applian	ce sales	and	SERVICE		
	D ADDRESSES OF THE OFFICE	RS ("X" BOX FOR ATTACH!	MENT) FILL	IN SPACES BEFORE I	USING ATTACHMI	ENTS
	teven A. Ren	dine	Vice President	Steven	A. Rev	idine
Street Address	21 Appletown Ereenville Rl	ROAL	Street Address	SAU	1 P	
			City	State		Zip
	Steven A Rea	ndine	Treasurer Name	Steven	A. Re	endine
Street Address	0 0		Street Address	_	_	
City	Show	Zip	City	Since	me	Zip
9. NAMES AN Director Name	D ADDRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FI Director Nume	LL IN SPACES BEFORI	E USING ATTACH	MENTS
Street Address			Street Address			
City	State	Zip	City	State		Zıp
Director Name			Director Name			
Stieet Address			Street Address			
City	State	Zip	City	State		Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

1 OC



10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Volue

AUTHORIZED SHARES

100 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and provided in the statements contained better are true and correct.

Signature of Officer

Steven A. Reficine

Print or Type Name of Officer

Resident

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

orporate ID No. 54790°	2. Name of Corporate ATWELLS PA	RTS & SERVICE			Ζφ
treet Address Proscipal Busines	s Office	,	Cuy NORTH PROVIDENCE	State RI	02911
NATERNAN AVENUE		5. State of Incorpor			6 SIC Code
Businus Phone No 012339000	·· · <u></u> -	- RHODE ISLA			4119
of Description of the Comme	er of Burgess Condu	cted In Rhode Island			
ACIVICE SYDER YAN			A VILLE TO SERVE TO S		
sident Name			Vice President Name		
Steve	A A	<u> Kengine</u>	Street Address	AME	
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"GREENVILLE	 	.]	U 8 Tréasurer Name	1	
resary Name	(2 A . I . I	2	•	74-14-0	
reet Address	5 AM	<u></u>	Street Address	DAMIC	
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			Street Address		
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			Director Name		
Director Name			•		
Street Address			Street Address		
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City					
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AUTHORIZED SHARES Manber of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Volve
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100 NO PAR VALUE					
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This report must be sign	ned in ink by eith	her the President,	Vice President, Secretary, Assi.	stant Secretary, D	reasurer, Receiver or in
Ind repersions as					
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	181 9844 WALLEN VAL		linder consity of the	griury. I declare and a	ffirm that I have examined
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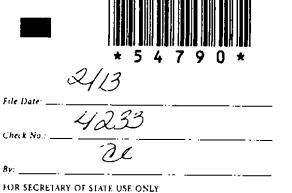


Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



riting Period: Janua	ry 1-March 1 •	Filing Fee: \$50.0	00		ISSIRUCTIO
(FORM MUST BE TYPED IN B					
1. Corporate ID No. 54790	2. Name of Corporation ATWELLS P	n ARTS & SERVIC	E INC.		
3. Street Address Principal Busin			City	State	Zip
9	11 water	man,	ave No.Pr	N RI	- 02911
4. Business Phone No 3	3-9000	5. State of Incorpora		·	6. SIC Code 4119
7. Brief Description of the Chara	cter of Business Conducted in . ADP(AAAA	Rhode Island	les + Serv	100	·
8. NAMES AND ADDR		ERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	
President Name	A Reno	linp	Vice President Signe	en Rend	
Estate Addition	·	•	Street Address	·	me
94) f	pletown 11ester Rl	Rd	9(Appletown	Rd
CAPPINIL	110 State 12	Zip () 15-5	S Copy GORA	ville" Rl	Zip (1) 28 24
Secretary Name			20		0000
	fever Re		Ster	ren Rend	lip
Street Address 4 (Appletour	n Rd	Street Address 2 (Appletow	n Rd
CHY GREENUI	(State 1)	0380	8 Car Green	State	Zip A D C D C
9. NAMES AND ADDRI				CES BEFORE USING ATT	_ (JB JB
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Street Address			Street Address		
			SHEEL MODICS		
City	State	Zip	City	State	Zip
Director Name			Director Name		
			Director Name	• •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* box for attac	HMENT)		("X" BOX FOR ATTACHMEN	1)
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shures	Class/Series	Par Value
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his report must be sta	med in ink by aithe	r the Drocident Vi	ico Drocidont Constant A	raistant Canadana T	
	######################################		ice President, Secretary, As	sistant secretary, freas	urer, Receiver or Trust



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all-spatements contained hejein are Print or Type Name of Officer Ittle of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filling Period: January 1-March 1 • Filling Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D NO.	2. Name of Corporation				
54790 3. Street Address Principal Business C	ATWELLS PAR	TS & SERVICE IN	C.	6	
4. Business Phone No. 233-90 7. Brief Description of the Character	Aterman W Of Business Conducted in Rh	5. State of Incorporation RHODE ISLAND rode Island	NO PROVIDE	ne RI.	029 6. SIC Code 4119
Applian	ue SAI	es t-Ser	vice	· <u>-</u>	
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH		EFORE USING ATTACH	MENTS
Steven Street Address			Vice President Name Steven Street Address	Rendine	-
21 App	letown 1	eua d	21 App	letown Re	Ĺ
GREENUILE Secretary Name	State R. I.	86860°	Greenvil	le state	24 360
Steven	Rendin	e	Treasurer Name Steven	Rendine	
•	pletown R	2		letuun Rd	-
Greenville	State CL	02828	GREEN UIII		07898 07898
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	<u> </u>	BEFORE USING ATTAC	_
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED NUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAI	L		100		NO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

		Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN 1 1. Corporate ID No. 54790	2. Name of Corpor	ation PARTS & SERVICE IN	IC.	-	
3. Street Address Principal Busin 21 WA+ 4. Business Phone No. 233- 7. Brief Description of the Chara	TERIMIN 1000 leter of Business Conducted	5. State of Incorporation RHODE ISLAN		Siale R.I -	6. SIC Code 4119
•		ICERS ("X" BOX FOR ATTAC		ES BEFORE USING ATTA	CHMENTS
President Nome Steven Street Address	Rendi	ne.	Vice President Name	en Rendi	
	town R	OAd	21 Ap	pletown 6	ROAd
GREEN VILL Secretary Name Steve	e state F.I.	03838	City Green Treasurer Name	VIIIE RI	- 02828
Street Address	-			ven Rendir	14
21	Appletow	n ROAd	Street Address JI A	ppletown	RE
cu, Greenui		^{zip} 0838		ille Rl	7.ip
		ECTORS ("X" BOX FOR ATT	•		04878
Director Name		ECTORS (A BOX FOR ALL	Director Name	CES BEFORE USING ATT	ACHMENIS
Street Address			Street Address		
City	State	Zip	City :	State	 Žip j
Director Name		•••	Director Name		
Street Address			Street Address		-
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	η (<u>'</u>
Number of Shares	Class/Series	Par Volue	Number of Shures	Class/Series	Par Value
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his report must be sig	ned in ink by eitl	her the President, Vice i	President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee
1183					

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File Date:	UDB3,99
Check No.:	3148
By:	<i>3</i> D
FOR SECRETARY (OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

FORM MUST BE TYPED IN BLACK)				
FORM MUST BE TITED IN BUACK 1. Corporate ID No.	r 2. Name of Corporal	tion		•	
54790	ATWELL	S PARTS & SER	VICE INC.		
3. Street Address Principal Business Of			City	State	Zip
21 Waterman Ave	enue	5. State of Incorporation	No. Providen	ce RI	02911 6. SIC Code
401 233-9000		RHODE I			4119
7. Brief Description of the Character of	Business Conducted i		BIAND		
Sales-and Serv	ice_of_ Ma	jor Appliance	S		
B. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) Vice President Name		•
Steven A. Rend:	ine		Steven A. R. Street Address	endine	
21 Appletown Re	oad		same		
City	State	Zip	City	State	Zip
Greenville	RI	02828			
Secretary Name			Treasurer Name		
Steven A. Rend	ine		Steven A. R	endine	
Street Address			Street Address		
same	_		same	6	710
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) Director Name	•	
Steven A. Rend	ine		Street Address		
21 Appletown Re	oad		•		
City	State	Zip	City	State	Zip
Greenville	RI	02828			
Director Name		·	Director Name	·	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	CACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT),
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
100 SHS NO PAR	VAL		100	common	no par val
TOU SHS NO PAR This report must be signe		her the President, Vic			

		Under penalty of perjur
		this report, including ar
	xlolar	that all statements cont
File Date:	0 3 11	Steven
	208313	Signature of Officer
Check No.:	00357-	Steven A. R
By:	1UD	Print or Type Name of Officer
	OF STATE USE ONLY	Presiden
FOR SECRETARI C	T SINIE USE ONLI	Title of Officer

y, I declare and affirm that I have examined ny accompanying schedules and statements, and ained hesein are true and correct.

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James R. Langevin, Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

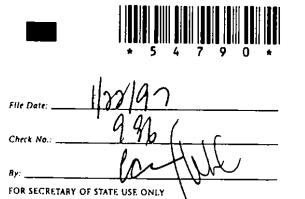
(FORM MUST BE TYPED IN BLACK)

1.	Corporate	ID No.
	547	90

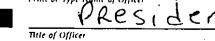
2. Name of Corporation ATWELLS PARTS & SERVICE INC.

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100 SHS NO PAR VAL	·	Class/Series	Par Value
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Jumber of Shares Class/Series Par Value	SSUED SHARES Number of Shares	Classification	Ber Velve
City State Zip	City	State	Zip
treet Address	Street Address		
Director Name	Director Name		
GREENVILLE RIT. 21/02828	City	State	Zip
31 Appletown ROAD	Street Address		
Steven A Rendine	Director Name		
·	•	JIMEE	zψ
Same State Zip		State	Z ip
Street Address	Street Address	A. Re.	Idine
Steven A Rendine	Treasurer Name	, 7.	. 1
Greenville RI. 210 07878	City	State	Zip
21 Appletown Rd	Street Address 5 Qu	ne	
Steven A. Rendine	Steven	A. Rendi	ine
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTA	CHMENT) Vice President Name		
SAles + Scruice - OF-		ances.	
4. Business Phone No. 401-233-9000 S. State of Incorporation RHODE ISL 7. Brief Description of the Character of Business Conducted in Rhode Island	AND		4119
d. Rouleman Dhour Mo.	NO. PROVIDE	ence K.T	6. SIC Code
3. Street Address Principal Ausliness Office 21 WATERMAN AVE.	NO. PROVIDE	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Steven Print or Type Name of Officer



PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1, CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
54790				A 4 4	
3 STREET ADDRESS PRINCIPAL BUSINESS	OFICE	LLS PARTS & SERV	ICE INC.		1996
224 ATWE	-625 AVE	S STATE OF INCORPORATION	PROVIDEN	CE RI	02903
401 421-		RHODE IS	SLAND		6. ST 00.05
7. BRIEF DESCRIPTION OF THE CHARACTER (
SALES,	AND SERVI	ICE OF MA	JOR HOUSE	4040 APPL	IANCES
PRESIDENT NAME	8 NA	MES AND ADDR	ESSES OF THE O	FFICERS	
STEVEN STREET ADDRESS	A. REN.	DINE	MARIE STREET ADDRESS O	A. RENDII	1/5
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SMITH FIELD	RI	11 COOK 12828	No PROU	STATE	DP COOE
MARIE /	A. RENJ	PINE	TREASURER NAME STREET ADDRESS		
4 POZZY	DRIVE				
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			DIRECTOR NAME	· · · · · · · · · · · · · · · · · · ·	• • •
TREET ADDRESS	····		STREET ADDRESS		
пү	STATE	ZIP CODE	arv	STATE	ZIP C00E
RECTOR NAME			DIRECTOR NAME		
TREET ADORS SS					
INCEL MANUES			STREET ADDRESS		
iv .	STATE	ZIP CODE	an	STATE	7⊅ 000€
		HARES AUTHORI	ZED AND ISSUED		
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	Th:-			<u> </u>	
Presi	dent, Vice Preside	ent, Secretary, Assista	IED IN INK by either the int Secretary, Treasurer,	e Receiver or Trustee	

File Date: Check No: By:

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Name of Corporation: Business entity organized under the laws of the State of. Rfdele 15/1/md Business Corporation (See RIGL Chapter 7-1.1) 1 Phone: 1 Phone entity, address and telephone number of principal office. 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 1 Phone entity is (check one). 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 1 Phone entity is (check one). 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 1 Phone entity is (check one). 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 1 Phone entity is (check one). 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 1 Phone entity is (check one). 1 Phoneses Corporation (See RIGL Chapter 7-1.1) 2 Phone entity is (check one). 2 Phone entity is (check one). 2 Phoneses Corporation (See RIGL Chapter 7-1.1) 3 Phone entity is (check one). 3 Phone entity is (check one). 3 Phone entity is (check one). 3 Phoneses Corporation (See RIGL Chapter 7-1.1) 3 Phoneses Corporation (See RIGL Chapter 7-1.1) 4 Phoneses Corporation (See RIGL Chapter 7-1.1) 5 Phoneses Corporation (See RIGL Chapter 7-1.1) 6 Phone entity is defined and expendence of the phoneses conducted in Rhode Island 6 Phoneses Corporation (See RIGL Chapter 7-1.1) 6	Corporate ID:	Annual Report for the year:
Business entity organized under the laws of the State of: RPOLE ISLAND For foreign entity, address and telephone number of principal office: A Business Carporation (See RIGL Chapter 7-5.1) Phone:	Name of Corporation:	RTS & SERVICE INC.
Address and telephone of the poncipal office of business entity in Rhode Island (Provide street address, NOT PO BOX): 3 4 A THE MENTS AVE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Business entity organized under the laws of the State of:	l office: [✓Business Corporation (See RIGL Chapter 7-1.1)
Stand (Provide street address, SOLPO BOX) Phone: 401) 401-6264 PRESIDENT THE NAMES OF THE OFFICERS ARE: STREET ADDRESS STREET ADDRESS WILL ADDRESS HARLE A. Rendine 4 Billy DRIVE NO PAN. R.J. 09911 STREET ADDRESS MARIE A. Rendine 4 Billy DRIVE NO PAN. R.J. 09911 STREET ADDRESS MARIE A. Rendine 4 Polly DRIVE NO PAN. R.J. 09911 STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES SUCCED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES AUTHORIZED (RIDER ma	Phone: ()	Brief statement of the character of business conducted in Rhode Island:
THE NAMES OF THE OFFICERS ARE: STREET ADDRESS VICE PRESIDENT MARIE A Rendine 31 Appleton Rd Greenville R. I. 038'S MARIE A Rendine 4 Polly DRIVE NO RW. RJ. 039'II STREET ADDRESS MARIE A Rendine 4 Polly DRIVE NO RW. RJ. 039'II STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS ST	Island (Provide street address - Not P.O. Box):	- OF MAJOR Appliances
Steven A Kendine 3 Appletom Rd Germille R. I. 03856 WHERTANDRESS WHETTANDRESS WHET	Phone: 461) 421-6264	
Steven A Rendine 3 I Repletown Rd Germille R. I. 0385 3 18 18 18 18 18 18 18 18 18 18 18 18 18		IE NAMES OF THE OFFICERS ARE:
MARIE A RENDINE 4 POLLY DRIVE NO MW. RJ. 09911 MARIE A RENDINE 4 POLLY DRIVE NO MW. RJ. 09911 TREASING HE USEN A RENDINE 31 Apple form Rd. Greenville RJ. 098 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS STREET ADDRESS STREET ADDRESS CITYSTATE GREEN ILLE APPCOD CITYSTATE GREEN ILLE APPCOD COMMON NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (RIDER may be a	Steven A Rendine	- 31 Appleton Rd Greenville R. I. 028.28
MARIE A Rendine 4 POlly Drive No Paw R. T. 03911 STREET ADDRESS THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS NAME STREET ADDRESS NAME MARIE A Rendine 31 Apple form Rending Reproduct Rending Reproductive Rending R	SECRETARY	4 Pally Drive NO PAN RJ 02911
THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS NAME STREET ADDRESS NAME MALIE A - Rendine STREET ADDRESS NAME NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Common Without Par Value Date 3/3 1995 By: Steven A - Rendine PRINT OR TYPE NAME OF OFFICER SIGNING PRINT OR TYPE NAME OF OFFICER SIGNING TILL OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	TREASURE	STREET ADDRESS DRIVE NO PAN. R.I. 03911
STREET ADDRESS STREET ADDRESS NAME MALIC A - Rendine STREET ADDRESS NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Common Without Pan Value Date 3/3 1955 DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		e 21 Appletown Rd. Greenville, R.D. 0382
NAME NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Class / Series Common Number of Shares Class / Series Common Number of Shares Class / Series Common Number of Shares Class / Series Number of Shares Class / Series Common Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Common Number of Shares Class / Series Class / Series Common Number of Shares Class / Series Common Number of Shares Class / Series Class / Series Common Number of Shares Class / Series Common Number of Shares Class / Series Common Number of Shares Class / Series Class / Series Common Number of Shares Class / Series Class /	Steven A Reno	STREET ADDRESS Q A A A A A A A A A A A A A A A A A A
Number of Shares Class / Series Common Without Pan Value Without Pan Value By: Steven A - Rending Frite of officer signing Title of officer signing DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	MARIE A-Rend	in e 4 Polly DR. NO PMV. R.J. ZIPCODE
Number of Shares Class / Series COMMON COMMON COMMON COMMON COMMON WI HOUT PAINT OF TYPE NAME OF OFFICER SIGNING TILE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
without for value without for value Date 3/319 95 By: Steven A - Rendine Frint OF OFFICER SIGNING PRESIDENT DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		
Date 3/3 1995 By: Steven A - Rendine Steven A - Rendine PRINT OR TYPE NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING PRESIDENT DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	100 COMMON	100 COMMON
By: Steven A Rendine PRINT OR TYPE NAME OF OFFICER SIGNING PRINT OF TYPE OF OFFICER SIGNING PRESIDEN DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	without for value	without Par value
PRINT OR TYPE NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING PRESIDENT DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Date	By Steven A Rendere
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		PRINT OR TYPE NAME OF OFFICER SIGNING
	——·—·——·———————	
PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.	PLEASE NOTE: If the registered office and/or registered	GISTERED AGENT FOR SERVICE OF PROCESS:

STEVEN A. RENDINE 224 ATWELLS AVENUE PROVIDENCE RI 02903 FEB 1 6 1995 SEC'Y OF STATE Frang Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept. 1 Nov. 1 CORP, Jun. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 0054790	Annual Report for the year: 1994
Name of Business Entity:	ATMELLS PARTS & SERVICE INC
Phone () Address and telephone of the principal office. Provide street address - Not PO. Box At wells Parts + Service 234 Atwells Ave. 8 Plove (401) 431 - 6364	[M Business Corporation (See RIGL Chapter 7-11) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed. Steven A. Rendine President President Professional President President Professional President President Professional President Pr
THENAME	OF THE OFFICERS ARE:
MARIE A RENDINE MARIE A RENDINE MARIE A RENDINE Steven A Rendin THE NAMES Steven A Rendin	OF THE DIRECTORS ARE:
NUMBER OF SHARES AUTHORIZED (II Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER VOO	NUMBER 100
CLASS COMMON	CLASS COMMON
SERIES	SERIES
PAR VALUE OR WITHOUT Par Value	PAR VALUE OR WITHOUT Par Value
Date 2 1 1 19 9 4	, Steven A Bendine
FILED	Steven A Rendine
FEB 0 7 1994	PRESI dent
Form 31 194 By 15 C 1686	rrisk gar kara ki usi astrollotu.
	ESIDENT AGENT FOR SERVICE OF PROCESS:

Form 31 10/91

To be filed annually between January 1st and March 1st

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00547		-	ne year1993
First: The name of	f the corporation isARWEL	LS PARTS & SERVICE.	<u>"110"</u>
SECOND: It is incorp	porated under the laws of	BHCDE ISLAYD	
THIRD: Character o	of business, briefly stated, is	APPELIANCE REPAIRS	PARTIC
FOURTH: If foreign	corporation, address of its pri	incipal office	
FIFTH: Business add	Iress in Rhode Island	RA ATHERLES AVE.	
P30	<u> </u>	3	
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary) number, street, zip code)
प्राप्टराज्य 🛕. (१७४४)	Director		
14377 4. 37-01	Director Director		
•••••	Director		
STRV21 A. 2310	President	21 (25) 290 290 91 70.	02828 <u> 1337597111,127, 177</u>
MARIE A. RENDI	NEVice Preside	ut "ඈ"-ЪОГТА DK-* MO-* Б	70VRi02911
MARIE A. BENDL	Secretary	11	
STRYEN A. REND	IME Treasurer	21 APP 3/20/28 1/D	orazowiana, R. I.
	of Shares authorized:		Par Value or statement that shares are without
No of Shares ∑()()	Class (VOLUMO))	Series	par value "AT#POUT FAR MATA
Еюнтн: Number o	f Shares issued:	WIR OA DO	Par Value Or statement that shares are without
No. of Shares	Class CODECN	Series 37 OF	per value 5 VICTREOTO PAR VATES
Dated Teb. 26	1923 0 B	Name of Corposition) y Diven A	Dendine
(Report must be s	igned by an officer) T	itle	<u> </u>

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID005479	90	Annual Rep	ort for the year	1992
FIRST: The name	of the corporation isAtw	ells Parts & Se	rvicesIncp	AID
Second: It is inc				21 1992
	orporated under the laws of			
	of business, briefly stated, is			
and all.	types of appliance	<u>ु</u>	······································	······································
FOURTH: If foreig	n corporation, address of its	principal office		
Fifth: Business a	ddress in Rhode Island	22% Alsag.13.3.	(wo	3 <u>11.5</u> 4
SIXTH: Names and	d addresses of its directors ar		ss (including number, stree	(Attach rider if necessary)
	ndineSn Director	4PollyDr.	NoProv	R.I02911
Marie A Rend	ine Director			11
•••••	Director			
	ndine President dine Vice President	8-Glearmea	dow Dr. No.	
Farie A. Ren				n 0
Joseph E. Re	ndine Sr. Treasurer	PE gy	10 01	11 10
	r of Shares authorized:			Par Value
No. of Shares	Class	Series		or statement that shares are without par value
Еіднтн: Number	of Shares issued:			Par Value or statement that
No. of Shares	Class	Series		shares are without par value
Datedlan14		Attuells Part		
		By Mane a	Bendine	
(Report must be	signed by an officer)	Title Secretary	,	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054790	Annual Report for t	he year 12	<u> </u>
	of the corporation is	ATWELLS FARTS &	SERVICE I	NC.
SECOND: It is inco	orporated under the laws of.	Rhode Island		••••••
THIRD: Character	of business, briefly stated, is	for the repair, s	ervice and	sale of
any and all t	ypes of appliances.	•		
FOURTH: If foreig	n corporation, address of its	principal office		······································
FIFTH: Business ac	ddress in Rhode Island			
224 Atwells A	venue Providence			***************************************
SIXTH: Names and Name	d addresses of its directors an		(Attach i number, street, zip code	nider if necessary)
Joseph F. Rend	dine, Sr. Director	4 Polly Drive,	No. Prov.,	RI
Marie A. Rend	ine Director	11 11		•••••
Steven A. Rend		8 Clearmeadow Dr	rive No. P	rov., RI
Marie A. Rend	i ne Vice Presio	dent 4 Polly Drive " I	No. Prov.,	RI
Marie A. Rendi	ine Secretary	n n		***************************************
Joseph E. Reno	line, Sr. Treasurer	и и		
	of Shares authorized:	PES 25 1991 PECAMOFSTATE	Par Va or stateme shares are v	nt that
No. of Shares	Class	1997	par val	lue
100	COMMON	ATE	WITHOUT	' PAR VALUE
EIGHTH: Number of	of Shares issued:		Par Va or stateme	nt that
No. of Shares	Class	Series	shares are v par val	
100	COMMON		TUOHTIW	PAR VALUE
Dated FEB	22, 19 91	ATWELLS PARTS & S (Name of Corporation)	SERVICE, IN	C.
(Report must be	signed by an officer)	By Steven A. Title PRESIden	Kendi	lul

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054790	Annual Report for the ye	ear 1990
First: The na	ame of the corporation isA?	TWELLS PARTS & SERVICE IN	NC.
SECOND: It is	incorporated under the laws of	Rhode Island	
THIRD: Chara	cter of business, briefly stated, is	for the repair, serv	ice-and sale of
any and all	types of appliances.	.,	
		principal office	
FIFTH: Busine	ss address in Rhode Island	24 Atwells Ave., Provide	ence, RI 02903
1918 S	mith Street, North Pr	ovidence, RT 02911	
	s and addresses of its directors ar	nd officers: Address (including number	(Attach rider if necessary)
Joseph E. Ren	dine Sr. Director	4 Polly Drive, No. F	Providence, RI
Marie A. Rend	ine Director	ır	
	Director		
Joseph E. Ren	dine, Sr. President	4 Polly Drive, No. F	Providence, RI
Marie A. Rend	ine Vice Presid	dent" "	
Marie A. Rend	ine Secretary	n n	
Joseph E. Ren	dine, Sr. Treasurer		
SEVENTH: Nur	mber of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Common		Without par value
Eighth: Numl	ber of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without
100	Common		Without 3990 value
Dated April //	19	ATWELLS PARTS & SERVICE (Name of Corporation)	INC. OF STATE
		By Stoop & Elno	une sv.
(Report mus	st be signed by an officer)	Title PRESIDENT	